CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Melmed Shomo 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute for Regenerative Medicine Division, Board, Department, District, if applicable LCOC/Governing Board Board Board Member I filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency Position: 2. Jurisdiction of Office (Check at feast one box) State Multi-County County of	Please type or print in ink.			RV-	······································	1.
1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute for Regenerative Medicine Division, Board, Department, District, if applicable LCOC/Governing Board It filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Other	NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
Agercy Name (Do not use acronyms) California Institute for Regenerative Medicine Division, Board, Department, District, if applicable ICOC/Governing Board If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Position:	Melmed	Shlomo				
California Institute for Regenerative Medicine Division, Board, Department, District, if applicable ICOC/Governing Board ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Postion: Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of	1. Office, Agency, or Court	Politicismon and politicism in the property of the con-				
Division, Board, Department, District, if applicable Your Position	Agency Name (Do not use acronyms)				*	
Division, Board, Department, District, if applicable Your Position	California Institute for Regenerative Media	cine				
Agency: Position: Position			Your Position			
Position: Position: Position:	ICOC/Governing Board		Board Member			
Jurisdiction of Office (Check at least one box) State	▶ If filing for multiple positions, list below or on an atta	achment. (Do not us	e acronyms)			
State	Agency:		Position:		- PPART	
State	. Jurisdiction of Office (Check at least one bo	ox)				
Multi-County County of County of County of Cother		,	☐ Judge or Court Commit	ssioner (Statewide	luriediation\	
City of Cither Cither	☐ Multi-County				•	
Annual: The period covered is January 1, 2013, through December 31, 2013. (Check one)						
Annual: The period covered is January 1, 2013, through December 31, 2013. (Check one) -or- The period covered is		1	Other			
Annual: The period covered is January 1, 2013, through December 31, 2013. The period covered is	. Type of Statement (Check at least one box)					
December 31, 2013. (Check one) The period covered is/, through December 31, 2013. (Check one) The period covered is/, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is/_, through December 31, 2013. (Check one) The period covered is January 1, 2013, through the dat leaving office. The period covered is/_, through December 31, 2013. (Check one) The period covered is January 1, 2013, through the dat leaving office. Through December 31, 2013. (Check one) The period covered is January 1, 2013, through the dat leaving office. Through December 31, 2013. (Check one) The period covered is January 1, 2013, through the dat leaving office. Through December 31, 2013. (Check one) The period covered is/, through covered is/		rhrough	Leaving Office: Date	†o# /	,	
The period covered is	December 31, 2013.	an ough		reit	J	
the date of leaving office. Candidate: Election year and office sought, if different than Part 1:	The period covered is//	, through	O The period covered leaving office.	is January 1, 201	3, through the date	e of
Candidate: Election year	Assuming Office: Date assumed//				, thro	ugh
Check applicable schedules or "None." Total number of pages including this cover page: 6	Candidate: Election year	and office sought, if	different than Part 1:			
Check applicable schedules or "None." Total number of pages including this cover page: 6	. Schedule Summarv			The state of the s		in and the second
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached — Income – Gifts – Travel Payments – schedule attached — Income – Gifts – Travel Payments – schedule attached — Income – Gifts – Travel Payments – schedule attached — Income – Gifts – Travel Payments – schedule attached — Income – Gifts – Travel Payments – Schedule attached — Income – Gifts – Travel Payments – Schedule attached — Income – Gifts – Travel Payments – Schedule attached — Income – Gifts – Travel Payments – Schedule attached — Income – Gifts – Travel Payments – Schedule atta	•	▶ Total	number of pages includi	ng this cover i	page: 6	
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached None - No reportable interests on any schedule Mailing ADDRESS (Business or Agency Address Recommended - Public Document) 8700 Beverly Blvd., NT 2015 DAYTIME TELEPHONE NUMBER (310) 423-4691 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein and in any attached schedules is true and complete. I acknowledge this is a public document.	Schedule A-1 - Investments – schedule attached				•	
Schedule B - Real Property – schedule attached -or- None - No reportable interests on any schedule Verification Mailling ADDRESS STREET (Business or Agency Address Recommended - Public Document) 8700 Beverly Blvd., NT 2015 Los Angeles DAYTIME TELEPHONE NUMBER (310) 423-4691 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein and in any attached schedules is true and complete. I acknowledge this is a public document.		is T				tached
None - No reportable interests on any schedule Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 8700 Beverly Blvd., NT 2015 Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER (310) 423-4691 E-MAIL ADDRESS (OPTIONAL) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein and in any attached schedules is true and complete. I acknowledge this is a public document.						had
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 8700 Beverly Blvd., NT 2015 Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER (310) 423-4691 E-MAIL ADDRESS (OPTIONAL) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein and in any attached schedules is true and complete. I acknowledge this is a public document.		-or-		ratos r dymona	s sorioddie dilac	neu
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 8700 Beverly Blvd., NT 2015 Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER (310) 423-4691 E-MAIL ADDRESS (OPTIONAL) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein and in any attached schedules is true and complete. I acknowledge this is a public document.	☐ None -	No reportable interes	sts on any schedule			
B700 Beverly Blvd., NT 2015 Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER (310) 423-4691 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein and in any attached schedules is true and complete. I acknowledge this is a public document.	Verification					l <i>inno</i> nemonos
8700 Beverly Blvd., NT 2015 Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER (310) 423-4691 E-MAIL ADDRESS (OPTIONAL) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein and in any attached schedules is true and complete. I acknowledge this is a public document.		CITY	STA	TE	ZIP CODE	
DAYTIME TELEPHONE NUMBER (310) 423-4691 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein and in any attached schedules is true and complete. I acknowledge this is a public document.		Los Angeles	CA	900	10	
(310) 423-4691 melmed@csmc.edu I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein and in any attached schedules is true and complete. I acknowledge this is a public document.				900	40	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein and in any attached schedules is true and complete. I acknowledge this is a public document.	(310) 423-4691					
	I have used all reasonable diligence in preparing this stat herein and in any attached schedules is true and compli-	tement. I have review ete. I acknowledge t	ed this statement and to the best	of my knowledge	the information cor	itained
(/a//	/ 1 //			l correct	f	
Date Signed	Date Signed	7/7/11/ Sig	gnature	<u> </u>	• • • • • • • • • • • • • • • • • • •	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
A16	Neurocine
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT Stock □ Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pfizer	Abbrie
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000 \$100,000	\$2,000 - \$10,000 \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
7 a va va a va ka .	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

	CALIFORNIA FORM FAIR POLITICAL PRACTICES O	
	Name	
-	Shlomo Melmed	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Pat's Restaurant	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION S Partner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) ✓ None No income received.	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or.</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 13	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 13 13 13
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2013/2014) Sch. A-2
VVIIII4011407	EDDC Advise Frankland to Office

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Shlomo Melmed

	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cedars-Sinai Medical Center	University of Southern California
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8700 Beverly Blvd 2015, Los Angeles, CA 90048	950 W. Jefferson Blvd., JEF 200, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Academic Medical Center	Language Academy
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Vice President & Dean of the Medical Faculty	Faculty
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 V OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, car, hoat, etc.)	Sale of
,	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	·
Other	[] Other
(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD:
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
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retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable)	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows NAME OF LENDER*	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
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retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Shlomo Melmed

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)	➤ NAME OF SOURCE (Not an Acronym)
ISIS	yen enter h
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2855 Gazelle Ct.	Sun Bruno Blvd
CITY AND STATE	South Son Francisco
Carlsbad, CA 92010	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Biotech Pharma	Bistech Pharma.
DATE(S): 01,01,13 12,31,13 AMT: \$ 12,000 TYPE OF PAYMENT: (must check one) Gift Income	DATE(S)://AMT: \$ <6,000
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Ø Other - Provide Description	Other - Provide Description
Scientific Consultant	Scientific consultant
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Novartis	Victin
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Health Plaza	
CITY AND STATE	CITY AND STATE
East Hanover, New Jersey 07936-1080	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Pharma	
DATE(S): 01,01,13 12,31,13 AMT: \$ 5,000	DATE(S)://
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
✓ Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Scientific Panel Consultant	Other - Provide Description Scientific Consultant funct
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
- And Andrews of the State of t

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED	***************************************
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOM	E
Chiusma		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address A	ccentable)
Biotelhuology	NOONLOG (Business Address A	cceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, C	OF SOURCE
Scientific Consultant		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
429 S. KELLER ND. ORLANDO, FL 52810		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
□ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000 D	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 []	OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH	INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or re	egistered domestic partner's income
Loan repayment Partnership	Loan repayment Pa	rtnership
Sale of		
(Real property, car, boat, etc.)	Sale of	eal property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental I	ncome, list each source of \$10,000 or more
Co C don't		
Other Conswitch (Describe)	Other	
(Describe)		(Describe)
	1	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD	
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta	lender's regular course of be tus. Personal loans and loa	usiness on terms available to
regular course of business must be disclosed as follows	S :	
NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
	,	,,
ADDRESS (Business Address Acceptable)	% None	***************************************
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Person	al residence
LICHECT DALAMOSE DUDING DEPORTING DEDICE	Real Property	Street address
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000		
\$1,001 - \$10,000		City
	Guarantor	
\$10,001 - \$100,000		
OVER \$100,000	Other	
	_	(Describe)
	_	(Describe)
Comments:		(Describe)